

Pain & Chronic Disease: *New Perspectives*

Michigan Partnership for Health & Disability

Michigan Arthritis Collaborative Partnership

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Why host a meeting on PAIN?

- Is pain a public health issue? Why?
- How many people are affected by chronic pain? What kinds of people experience chronic pain?
- Are there disparities in pain assessment and treatment?
- What conditions cause pain? What are the major types of pain?
- What conditions/types of pain respond well to treatment?
- What are common barriers to the assessment, treatment and management of pain?
- What treatments and interventions are effective for pain?

Public Health

“Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.” CDC Foundation

<http://www.cdcfoundation.org/content/what-public-health>

“Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.” World Health Organization

<http://www.who.int/trade/glossary/story076/en/>

Pain as a PUBLIC HEALTH issue

- High prevalence/incidence
- Serious Consequences
- Preventable/Amenable to intervention, including policy change
- Affects sub-populations disparately
- Frequently co-occurs with other conditions

Chronic Pain on the Rise

- Aging of the population
- Rising prevalence of obesity
- Progress in life-saving medical technology
- Trends in care of surgical patients
- Increased knowledge about pain and therapies/treatments

How many people experience chronic pain?

- Institute of Medicine (2011) – **100 Million**
- American Geriatrics Society (1998) – **70M**, of people 50+ year of age
- Gallup (2012) – 47% of US Adults have neck/back, knee/leg, or other pain (approx. **113M**)
- National Health & Nutrition Examination Survey (1999-2002 data) – 26% of adults 20+ years old (approx. **62.5M**)
- World Health Organization – 37% of adults worldwide

Pain in Michigan

- In 2013, MI Pain & Palliative Care survey
 - Approximately 25% of respondents had sought care for a chronic pain problem in the past year
 - About 74% satisfied with treatment
 - 25% with acute or chronic pain did not seek treatment
 - 67% agree people may avoid seeking treatment due to fears about addiction to pain medication
- According to 2013 MI BRFSS,
 - 25% of adults have a disability
 - 31% of adults ever told have arthritis
 - 49% with arthritis limited in activities due to arthritis/joint symptoms

Who experiences chronic pain?

- **Gender** – women more than men
- **Race** – Whites more than other groups
- **Age** – adults of working age, 18-64 (drops off at 65)
- **Income** – people of lower SES

Conditions Associated with Pain/Types of Pain

- **Injury/Acute/Episodic pain** – result of injury, surgery or other non-regular event such as a broken bone, whiplash, burns, labor/childbirth
- **Chronic pain** – associated with long-term (non-terminal) conditions or ongoing illness such as arthritis, migraine, TMD, COPD, endometriosis
- **Neuropathic pain** – caused by nerve damage/dysfunction such as with MS, Cerebral Palsy, Trigeminal neuralgia, diabetic neuropathy, spinal cord injury, amputation
- **Pain associated with terminal illness/end of life** – caused by illness like cancer

Issues to Consider with Various Treatments and Interventions

- Effectiveness/Fit with condition
- Cost-effectiveness/affordability
- Ease/difficulty of implementation (intervention)
- Ease/difficulty of attracting participants/getting people to adopt behavior(s) recommended?
- Cultural acceptability/appropriateness or responsiveness
- Ability to implement on broad enough scale to have impact at population level
- Impact on daily function
- Diminished effectiveness over time/tolerance
- Concerns about misuse, diversion, abuse

Barriers to effective pain management

- The inherent subjectivity of the experience of pain
- Inadequate education, guidelines for clinicians
- Racial/ethnic/cultural differences between provider and patient; biases that attend differences
- Communication impairments
- Physical disability
- Health literacy of patient
- Lack of knowledge about effective community-based PH programs and resources
- Difficulty of implementing effective PH interventions on broad scale

Consensus is building...

- Long-term treatment of non-terminal chronic pain with opioid medication is not optimal either at the individual or population level. Associated with undesirable outcomes, including (but not limited to):
 1. Declining effectiveness (due to tolerance)
 2. Potential for diversion/abuse/addiction
 3. Interference with work/home life and responsibilities; absenteeism
 4. Injury/accident-proneness related to sedating quality
 5. Potential cognitive impairment/poor judgment/inability to operate vehicle, etc.
 6. Risk of accidental overdose and death

So, what else is there?

- Self-management education (e.g. CDSMP)
- Physical activity
- Cognitive-behavioral approaches
- Alternative treatments/therapies